

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - MATERNITY CARE AND
DELIVERY SERVICES**Procedures Not Covered**Procedure
Code

59020	Not Covered
59025	Not Covered
59030	Not Covered
59050	Not Covered
76825	Not Covered Outside Global Fee 59400 and 59510

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1-28-98
2-13-98
7-1-96
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State OKLAHOMACorrected
Attachment 4.19-B
Page 27**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE****Proposed Hospital Based Day Treatment Rates of Reimbursement**

1. The following core therapies must be provided for every child in each 15 hour week:

<u>THERAPY</u>	<u>ASSIGNED *R.V.U.</u>		<u>MANDATED WEEKLY UNITS/(15 HOUR WEEK)</u>		<u>R.V.U.</u>
Individual	1.0	x	2	=	2.00
Family	1.05	x	2	=	2.10
Group	.50	x	6	=	3.00
Social Skills	.35	x	20	=	7.00
TOTAL CORE R.V.U.s PER 15 HOUR WEEK					14.10

2. Additional therapies and services must be provided by the program but are not provided weekly. These must be estimated and spread over an average length of stay time frame of three weeks.

	<u>ASSIGNED R.V.U.</u>	<u>NO. ESTIMATED IN 3 WEEK PERIOD</u>	<u>TOTAL</u>
Treatment Plan Development	4.00	1	4.00
Plan update/physician visit (= Treatment Review)	2.50	2	5.00
Crisis Intervention	.75	3	2.25
Medical Review (Nurse Staff)	.83	3	2.49
Discharge Planning (= Case Management)	.97	3	2.91
TOTAL ADDITIONAL R.V.U.s			16.65
			÷3
TOTAL ADDITIONAL R.V.U.s/WEEK			5.55

3. Total R.V.U.s for each 15 hour week program is 14.10 (core) + 5.55 (additional) = 19.65 R.V.U.s per 15 hour week.
4. Total weekly R.V.U.s (19.65) divided by the number of hours per week (15) equals the hourly R.V.U. of 1.3100.
5. The conversion factor was arrived at by using adjusted 1996 baseline payment data for mental health services, trended forward by the Consumer Price Index.
6. The hourly R.V.U. multiplied by the established private conversion factor equals the payment rate.

*Relative Value Units

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE

Early and Periodic Screening, Diagnosis and Treatment of Conditions Found

- I. Payment will be made for other services described in Section 1905(a) covered under the State Plan.

Service		Citation
a. Prosthetic Devices	Reimbursement same as Home Health Care Services.	Attachment 4.19-B, Page 4
b. Podiatrists	Reimbursement same as Physicians services.	Attachment 4.19-B, Page 3
c. Rehabilitative Services	Reimbursement same as Other diagnostic, screening, preventive and rehabilitative services.	Attachment 4.19-B, Page 9
d. Optometrists Services	Reimbursement same as Physicians services.	Attachment 4.19-B, Page 3
e. Eyeglasses	Reimbursement same as other services and supplies.	Attachment 4.19-B, Page 10

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE

Early and Periodic Screening, Diagnosis and Treatment of Conditions Found
(continued)

II. Payment will be made for the following services described in Section 1905(a) and which are not otherwise covered under the State Plan.

- a. Emergency Hospital Services - Payment for services will be based on the state-wide procedure based reimbursement methodology established by the State. Reimbursement will be made utilizing established rates for procedures which have been identified by the American Medical Association, Health Care Financing Administration, Medicare Carriers or the Oklahoma Department of Human Services. When no reimbursement rate is available, the rate will be set utilizing basic procedures used in establishing Medicare and Medicaid rates. A Procedure Review Committee consisting of medical professionals will make the final determination. Reimbursement limits per procedure are determined based on a review of comparable services under comparable circumstances as set by DHS and Medicare methodologies. Adjustments to the payment limits on an individual procedure will be periodically considered by the Procedure Review Committee on an as-needed basis as requested by medical providers. Consideration may be given to a payment adjustment to assure availability and accessibility of services primarily due to possible limited availability of services in some geographic locations.

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Early and Periodic Screening, Diagnosis and Treatment of Conditions Found
(continued)

- b. Speech Therapist/Audiologist - Payment for services will be based on the state-wide procedure based reimbursement methodology established by the State. Reimbursement will be made utilizing established rates for procedures which have been identified by the American Medical Association, Health Care Financing Administration, Medicare Carriers or the Oklahoma Department of Human Services. When no reimbursement rate is available, the rate will be set utilizing basic procedures used in establishing Medicare and Medicaid rates. A Procedure Review Committee consisting of medical professionals will make the final determination. Reimbursement limits per procedure are determined based on a review of comparable services under comparable circumstances as set by DHS and Medicare methodologies. Adjustments to the payment limits on an individual procedure will be periodically considered by the Procedure Review Committee on an as-needed basis as requested by medical providers. Consideration may be given to a payment adjustment to assure availability and accessibility of services primarily due to possible limited availability of services in some geographic locations.

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- c. Chiropractors - Payment for services will be based on the state-wide procedure based reimbursement methodology established by the State. Reimbursement will be made utilizing established rates for procedures which have been identified by the American Medical Association, Health Care Financing Administration, Medicare Carriers or the Oklahoma Department of Human Services. When no reimbursement rate is available, the rate will be set utilizing basic procedures used in establishing Medicare and Medicaid rates. A Procedure Review Committee consisting of medical professionals will make the final determination. Reimbursement limits per procedure are determined based on a review of comparable services under comparable circumstances as set by DHS and Medicare methodologies. Adjustments to the payment limits on an individual procedure will be periodically considered by the Procedure Review Committee on an as-needed basis as requested by medical providers. Consideration may be given to a payment adjustment to assure availability and accessibility of services primarily due to possible limited availability of services in some geographic locations.

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- d. Hospice - Payment for services will be based on the state-wide procedure based reimbursement methodology established by the State. Reimbursement will be made utilizing established rates for procedures which have been identified by the American Medical Association, Health Care Financing Administration, Medicare Carriers or the Oklahoma Department of Human Services. When no reimbursement rate is available, the rate will be set utilizing basic procedures used in establishing Medicare and Medicaid rates. A Procedure Review Committee consisting of medical professionals will make the final determination. Reimbursement limits per procedure are determined based on a review of comparable services under comparable circumstances as set by DHS and Medicare methodologies. Adjustments to the payment limits on an individual procedure will be periodically considered by the Procedure Review Committee on an as-needed basis as requested by medical providers. Consideration may be given to a payment adjustment to assure availability and accessibility of services primarily due to possible limited availability of services in some geographic locations.

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Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)

- e. Christian Science Nurses - Payment for services will be based on the state-wide procedure based reimbursement methodology established by the State. Reimbursement will be made utilizing established rates for procedures which have been identified by the American Medical Association, Health Care Financing Administration, Medicare Carriers or the Oklahoma Department of Human Services. When no reimbursement rate is available, the rate will be set utilizing basic procedures used in establishing Medicare and Medicaid rates. A Procedure Review Committee consisting of medical professionals will make the final determination. Reimbursement limits per procedure are determined based on a review of comparable services under comparable circumstances as set by DHS and Medicare methodologies. Adjustments to the payment limits on an individual procedure will be periodically considered by the Procedure Review Committee on an as-needed basis as requested by medical providers. Consideration may be given to a payment adjustment to assure availability and accessibility of services primarily due to possible limited availability of services in some geographic locations.

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- f. Dentures - Payment for services will be based on the state-wide procedure based reimbursement methodology established by the State. Reimbursement will be made utilizing established rates for procedures which have been identified by the American Medical Association, Health Care Financing Administration, Medicare Carriers or the Oklahoma Department of Human Services. When no reimbursement rate is available, the rate will be set utilizing basic procedures used in establishing Medicare and Medicaid rates. A Procedure Review Committee consisting of medical professionals will make the final determination. Reimbursement limits per procedure are determined based on a review of comparable services under comparable circumstances as set by DHS and Medicare methodologies. Adjustments to the payment limits on an individual procedure will be periodically considered by the Procedure Review Committee on an as-needed basis as requested by medical providers. Consideration may be given to a payment adjustment to assure availability and accessibility of services primarily due to possible limited availability of services in some geographic locations.

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- g. Respiratory Care - Payment for services will be based on the state-wide procedure based reimbursement methodology established by the State. Reimbursement will be made utilizing established rates for procedures which have been identified by the American Medical Association, Health Care Financing Administration, Medicare Carriers or the Oklahoma Department of Human Services. When no reimbursement rate is available, the rate will be set utilizing basic procedures used in establishing Medicare and Medicaid rates. A Procedure Review Committee consisting of medical professionals will make the final determination. Reimbursement limits per procedure are determined based on a review of comparable services under comparable circumstances as set by DHS and Medicare methodologies. Adjustments to the payment limits on an individual procedure will be periodically considered by the Procedure Review Committee on an as-needed basis as requested by medical providers. Consideration may be given to a payment adjustment to assure availability and accessibility of services primarily due to possible limited availability of services in some geographic locations.

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